The Senses Framework and how it can support relationship based care for people with dementia

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Today

- Describe the foundations of the Senses Framework
- Discuss the Senses Framework and how it promotes ‘Relationship based care’
- Apply this to a palliative care context for people with dementia

Person-centred care

- Personhood and dementia (Kitwood 1997)
- Features of person centred care (Kitson 2013)
- Person- centred nursing processes and the context of care (McCormack & McCance 2010)

For the person with Dementia:

- Security – to feel safe physically, psychologically, existentially
- Belonging - to feel part of a valued group, to maintain or form important relationships
- Continuity - to be able to make links between the past, present and future
- Purpose - to enjoy meaningful activity, to have valued goals
- Achievement - to reach valued goals to satisfaction of self and/or others
- Significance - to feel that you ‘matter’ and are accorded value and status

What about the health care professional?

- ‘Rust out’ (Nolan & Grant 1993)
- Working conditions (Westermann et al 2014)
- Psychological impact of care work (Woodhead et al 2017)
- Therapeutic reciprocity (Marck 1990)

Creating the right environment for others to grow?

- Not just ‘others’ but everyone ‘If employees are abandoned and abused, probably clients will be too. If employees are supported and encouraged they will take their sense of well-being into their day-to-day work’. (Kitwood 1997)
The Senses Framework (Nolan et al 2004)

- Seeks to address the collective needs
- Addresses relational concerns
- Provides a model for development as well as evaluation
- Has been used across the world to impact upon care services

For the nurse/HCP

- **Security** - to have secure conditions at work, to feel free from rebuke
- **Belonging** - to be part of a team, a community of practice
- **Continuity** - to be exposed to good role models, to feel one's career is developing
- **Purpose** - to have clear therapeutic direction in one's work
- **Achievement** – to feel that you are making a contribution
- **Significance** - to feel that your work is valued by others

For the family carer

- **Security** - to feel confident, competent and knowledgeable. To care without detriment to one's own health
- **Belonging** - to remain socially 'connected'
- **Continuity** - to continue to share activities with the cared for person and to remain involved in care across environments
- **Purpose** - to maintain dignity and identity for the cared for person, to engage in reconstructive care
- **Achievement** – to be able to see that one's caring efforts make a difference
- **Significance** - to feel valued and appreciated

Palliative Care

<table>
<thead>
<tr>
<th>Sense</th>
<th>Person with Dementia</th>
<th>Nurse or HCP</th>
<th>Family member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security</td>
<td>Free from psychological/ physical/spiritual pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belonging</td>
<td>Maintained relationships through 'body work'</td>
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<td></td>
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<tr>
<td>Continuity</td>
<td>Supporting without activities</td>
<td></td>
<td></td>
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<tr>
<td>Purpose</td>
<td>To have others recognize one's distress goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achievement</td>
<td>'Authentic human encounters' matter</td>
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<td></td>
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<tr>
<td>Significance</td>
<td>'Subtle connections' (touch, talk)</td>
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</tbody>
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Acknowledge Julie Watson's embodiment paper (see references)
## Conclusions

- The Senses Framework has become a well-established model for the development and evaluation of individual, collective and organisational practice.
- There is evidence that it can be used in this way in a palliative care context for people with dementia.

## References:


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**Thank you**

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